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PTO/SB/05 (4/98)  
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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No.                      | PD-02W158                                  |
|  | First Inventor or Application Identifier | DAVID J. KNAPP                             |
|  | Title                                    | OPTICAL SYSTEM HAVING A TRANSMISSION ..... |
|  | Express Mail Label No.                   | EV 291142412 US                            |

|  |   |
|--|---|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>   | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231  |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 18]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | 6. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul> |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]   | <b>ACCOMPANYING APPLICATION PARTS</b>   |
| 4. Oath or Declaration [Total Pages] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly Executed Combined Declaration and Power of Attorney</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br/>(for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>            | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))  |
|  | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney<br>(when there is an assignee)   |
|  | 9. <input type="checkbox"/> English Translation Document (if applicable)  |
|  | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations   |
|  | 11. <input type="checkbox"/> Preliminary Amendment  |
|  | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |
|  | 13. <input type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired<br>(PTO/SB/09-12)  |
|  | 14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)   |
|  | 15. <input checked="" type="checkbox"/> Other: <b>Certificate of Mailing</b>  |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_  
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|  |  |           |                |          |                |
|--|--|-----------|----------------|----------|----------------|
| <b>17. CORRESPONDENCE ADDRESS</b>  |  |           |                |          |                |
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| Name   | Patent Docket Administration<br>RAYTHEON COMPANY |           |                |          |                |
| Address  | Bldg. EO/E4/N119<br>P.O. Box 902                 |           |                |          |                |
| City   | El Segundo                                       | State     | California     | Zip Code | 90245          |
| Country  | United States of America                         | Telephone | (520) 794.7980 | Fax      | (520) 794-8171 |

|                   |                       |                                   |        |
|-------------------|-----------------------|-----------------------------------|--------|
| Name (Print/Type) | Thomas J. Finn        | Registration No. (Attorney/Agent) | 48,066 |
| Signature         | <i>Thomas J. Finn</i> | Date                              | 8-4-03 |

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08/04/03  
17264 U.S. PTO

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750.00

## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | NOT YET ASSIGNED |
| Filing Date          | HEREWITH         |
| First Named Inventor | DAVID J. KNAPP   |
| Examiner Name        | NOT YET ASSIGNED |
| Art Unit             | NOT YET ASSIGNED |
| Attorney Docket No.  | PD-02W158        |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number  
50-0888

Deposit Account Name  
RAYTHEON COMPANY

The Commissioner is authorized to: (check all that apply)

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☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description        | Fee Paid   |
|----------------------------|----------------------------|------------------------|------------|
| 1001 750                   | 2001 375                   | Utility filing fee     | 750.00     |
| 1002 330                   | 2002 165                   | Design filing fee      |            |
| 1003 520                   | 2003 260                   | Plant filing fee       |            |
| 1004 750                   | 2004 375                   | Reissue filing fee     |            |
| 1005 160                   | 2005 80                    | Provisional filing fee |            |
| SUBTOTAL (1)               |                            |                        | (\$ 750.00 |

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 20                 | -20** = 0    | X              | -0-      |
| 3                  | -3** = 0     | X              | -0-      |
| Multiple Dependent |              |                |          |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  |
|----------------------------|----------------------------|--|
| 1202 18                    | 2202 9                     | Claims in excess of 20                                     |
| 1201 84                    | 2201 42                    | Independent claims in excess of 3                          |
| 1203 280                   | 2203 140                   | Multiple dependent claim, if not paid                      |
| 1204 84                    | 2204 42                    | ** Reissue independent claims over original patent         |
| 1205 18                    | 2205 9                     | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ -0-

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description  | Fee Paid |
|---------------|---------------|--|----------|
| 1051 130      | 2051 65       | Surcharge - late filing fee or oath  |          |
| 1052 50       | 2052 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053 130      | 1053 130      | Non-English specification  |          |
| 1812 2,520    | 1812 2,520    | For filing a request for ex parte reexamination                            |          |
| 1804 920*     | 1804 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805 1,840*   | 1805 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251 110      | 2251 55       | Extension for reply within first month                                     |          |
| 1252 410      | 2252 205      | Extension for reply within second month                                    |          |
| 1253 930      | 2253 465      | Extension for reply within third month                                     |          |
| 1254 1,450    | 2254 725      | Extension for reply within fourth month                                    |          |
| 1255 1,970    | 2255 985      | Extension for reply within fifth month                                     |          |
| 1401 320      | 2401 160      | Notice of Appeal   |          |
| 1402 320      | 2402 160      | Filing a brief in support of an appeal                                     |          |
| 1403 280      | 2403 140      | Request for oral hearing   |          |
| 1451 1,510    | 1451 1,510    | Petition to institute a public use proceeding                              |          |
| 1452 110      | 2452 55       | Petition to revive - unavoidable   |          |
| 1453 1,300    | 2453 650      | Petition to revive - unintentional   |          |
| 1501 1,300    | 2501 650      | Utility issue fee (or reissue)   |          |
| 1502 470      | 2502 235      | Design issue fee   |          |
| 1503 630      | 2503 315      | Plant issue fee  |          |
| 1460 130      | 1460 130      | Petitions to the Commissioner  |          |
| 1807 50       | 1807 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 1806 180      | 1806 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021 40       | 8021 40       | Recording each patent assignment per property (times number of properties) | 40.00    |
| 1809 750      | 2809 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810 750      | 2810 375      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801 750      | 2801 375      | Request for Continued Examination (RCE)                                    |          |
| 1802 900      | 1802 900      | Request for expedited examination of a design application                  |          |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00

## SUBMITTED BY

|                   |                       |                                   |        |           |              |
|-------------------|-----------------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Thomas J. Finn        | Registration No. (Attorney/Agent) | 48,066 | Telephone | 520.794.7980 |
| Signature         | <i>Thomas J. Finn</i> | Date                              | 8-4-03 |           |              |

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| Filing Date          | HEREWITH         |
| First Named Inventor | DAVID J. KNAPP   |
| Examiner Name        | NOT YET ASSIGNED |
| Art Unit             | NOT YET ASSIGNED |
| Attorney Docket No.  | PD-02W158        |

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Deposit Account Name: RAYTHEON COMPANY

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Independent Claims: 3 - 3\*\* = 0 X Fee from below = -0-  
Multiple Dependent: 0 X Fee from below = -0-

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## FEE CALCULATION (continued)

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Other fee (specify)

\*Reduced by Basic Filing Fee Paid

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(Complete if applicable)

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